

# Hillsborough County Pre-Trip Authorization and Reimbursement Request Form

All travel must comply with Administrative Directive No. AD-09.

This form must be completed prior to travel.

Norma Smith



IE235434

2212

Name: Aubri Joye Shauger-Haley	EMP ID:33077	We certify that the mode of transportation is the most cost effective under the circumstances and travel complies with AD No. AD-09.	
Address:2283 Manor Ct		Signature of Traveler: <i>Aubri Joye Shauger-Haley</i>	Date: 3/25/16
City:Clearwater	ZIP:33763	Signature of Approving Authority: <i>Lindsey K. Kimball</i>	Date: 3/29/16
Dept./Agency:Economic Development		Print name of Approving Authority: Lindsey K. Kimball	
Ph #: (813) 272-7232		Travel Coordinator Name:Norma Smith	Ph #: (813) 276-8461

Purpose of Travel:Design-Build Best Practices: A Focus on Effective DBE/SBE/MBE Outreach & Utilization			
Method of Travel: <input type="checkbox"/> County Vehicle <input checked="" type="checkbox"/> Private Vehicle <input type="checkbox"/> Common Carrier		Class of Travel: <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C	
Departure Date:3/30/16	Departure Time: 1:30 pm	Travel Destination City:Orlando County:Orange State:FL	
Return Date:3/30/16	Return Time: 8:30 pm	NOTES:	

ATTACH JUSTIFICATION FOR ESTIMATED EXPENSES:		SIGNED FORM VERIFYING COMPLETION OF TRAVEL IS DUE TO BOCC ACCOUNTING 5 DAYS AFTER TRAVEL RETURN DATE.	
Registration Fee:	\$50.00	Registration Fee:	\$60.00
Hotel: # days at \$ per day	\$0.00	Hotel: # days at \$ per day	\$0.00
Airline Ticket: <input type="checkbox"/> Non-refundable	\$	Airline Ticket: Payment Proof Required	\$
Car Rental <input type="checkbox"/> Voucher:	\$	Car Rental: Payment Proof Required	\$
Auto Mileage: 170 miles at \$0.445	\$75.65	Auto Mileage: 170 miles at \$0.445	\$75.65
Per Diem: quarter days at \$21.25	\$0.00	Destination Mileage: miles at \$0.445	\$0.00
<b>Meals:</b> Breakfasts: #	\$	Explanation:	
Lunches: 2#	\$	Parking, Tolls, Taxi (attach receipts)	\$
Dinners: 4#	\$	Per Diem: quarter days at \$21.25	\$0.00
Other:	\$	<b>Meals:</b> Breakfasts: #	\$
<b>Total Estimated Expenses:</b>	\$125.65	Lunches: #	\$
<b>ADVANCE EXPENSES: (90% OF ESTIMATED EXPENSES)</b>		Dinners: 1#	\$22.00
Hotel: \$ at 90% =	\$0.00	Other Expenses (attach receipts)	\$
Meals: \$ at 90% =	\$0.00	<b>Total Allowances:</b>	157.65
Mileage: \$ at 90% =	\$0.00		
Other: \$ at 90% =	\$0.00	*If overpaid, please Less Advanced Payments:	\$60.00
<b>Total Advanced Expenses:</b>	\$0.00	BOCC and attach	<b>*Total Reimbursement:</b> 97.65

We hereby certify that this travel is true and correct in every material matter; that the expenses were incurred by the traveler as necessary travel in the performance of official duties; and that the same conforms in every respect with the requirements of § 112.061, Florida Statutes, and Administrative Directive No. AD-09.

Signature of Traveler: <i>Aubri Joye Shauger-Haley</i>	(813) 276-8461	Signature of Approving Authority: <i>Lindsey K. Kimball</i>	Date: 4/1/16
Work Phone Number		Print name of Approving Authority: Lindsey K. Kimball	

METHOD OF PAYMENT: (COMPLETE DETAILED INFORMATION REQUIRED)			
Registration: <input type="checkbox"/> Purchasing Card <input type="checkbox"/> Check Document No.:	Fed. Tax I.D.:	Phone #: ( ) -	
Amount: Payable to:	Index / Sub-Object Code:	Fax #: ( ) -	
\$ Address:	EDE03020 / 5504		
Early Bird Deadline / /	Registration Deadline / /		
Hotel: <input type="checkbox"/> Purchasing Card <input type="checkbox"/> Check Document No.:	Fed. Tax I.D.:	Phone #: ( ) -	
Confirm #: Amount: Payable to:	Index / Sub-Object Code:	Fax #: ( ) -	
\$ Address:	EDE03020 / 4005		
Rental Car: <input type="checkbox"/> Purchasing Card <input type="checkbox"/> Check Document No.:	Index / Sub-Object Code:	Amount: \$	
Advance Travel Expenses Payable to Traveler: <input type="checkbox"/> Check Document No.:	Index / Sub-Object Code:	Amount: \$	
Reimbursable Travel Expenses to Traveler: <input checked="" type="checkbox"/> Check Document No.:	Index / Sub-Object Code:	Amount: \$	
EDE03020 / 4000			

Date	Doc Amount	No. of Lines	Trans Hash	Coded By	Distribution:
					<input type="checkbox"/> Copy - Department
					<input type="checkbox"/> Original - Accounting
					<input type="checkbox"/> Copy - Transaction Report

IE236910 - 97.65

IG235434

Norma Smith

22112

**Smith, Norma**

**From:** Design Build Institute of America Florida Region <kwallace@fldbia.org>  
**Sent:** Tuesday, March 29, 2016 4:12 PM  
**To:** Smith, Norma  
**Subject:** Event Registration Confirmation - Design Build Institute of America Florida Region  
**Attachments:** vcal.vcs

Your registration has been completed for Design-Build Best Practices: A Focus on Effective DBE/SBE/MBE Outreach & Utilization.

**Event Information**

Organization: Design Build Institute of America Florida Region  
Name: Design-Build Best Practices: A Focus on Effective DBE/SBE/MBE Outreach & Utilization  
Date(s): 03/30/16  
Start Time: 03:00:00 PM  
End Time: 06:00:00 PM  
Description: Design-Build Best Practices: A Focus on Effective DBE/SBE/MBE Outreach and Utilization for Design-Build Projects

This program will explore best practices for DBE/SBE/MBE outreach and utilization for design-build projects from the perspective of the owner, prime contractor, and DBE/SBE/MBE firm. Speakers will cover topics such as timing for DBE/SBE/MBE firms to engage, current and future availability of DBE/SBE/MBE resources, mentoring and engaging DBE/SBE/MBE firms, challenges to meeting program goals, industry trends for public sector versus private sector DBE/SBE/MBE utilization, best practices to meet contract performance requirements, and much more. The program will include a networking reception, offering firms the opportunity to create connections and market their services to potential clients.

Location: Historic Dubsdread, 549 West Park Street, Orlando, FL 32804

**Primary Contact**

Shauger-Haley, Aubri  
Hillsborough County Economic Development  
601 E Kennedy Blvd 20th FL  
Tampa, FL 33602  
smithne@hillsboroughcounty.org  
W: 8132726211

\* CHOOSES + CRACKLES -  
ECT.

**Billing Information**

Amount: 60.00  
Payment Method: credit card/paypal

**Payment Information**

Payment Date: 03/29/2016  
Amount: \$60.00  
Transaction #: 8114148474

**Attendee Information**

Shauger-Haley, Aubri  
Hillsborough County Economic Development  
Package: Late Registration, 60.00

DO235434

Norma Smith

22112

**Smith, Norma**

**From:** Auto-Receipt <noreply@mail.authorize.net>  
**Sent:** Tuesday, March 29, 2016 4:11 PM  
**To:** Smith, Norma  
**Subject:** Transaction Receipt from Design-Build Institute of America Florida Region for \$60.00 (USD)

**Order Information**

Description: Design-Build Best Practices: A Focus on Effective DBE/SBE/MBE Outreach

Invoice Number E1353

**Billing Information**

Norma Smith  
Hillsborough County Economic  
Development  
PO Box 1110  
Tampa, FL 33601  
US  
smithne@hillsboroughcounty.org  
8132768461

**Shipping Information**

**Total: \$60.00 (USD)**

**Payment Information**

Date/Time: 29-Mar-2016 13:11:24 PDT  
Transaction ID: 8114148474  
Payment Method: Visa xxxx3720  
Transaction Type: Purchase  
Auth Code: 029447  
Entry Mode: Keyed

**Merchant Contact Information**

Design-Build Institute of America Florida Region  
Orlando, FL 32878  
US  
kwallace@fldbia.org